

C.L. "BUTCH" OTTER
Governor

State of Idaho
DEPARTMENT OF INSURANCE

700 West State Street, 3rd Floor
P.O. Box 83720
Boise, Idaho 83720-0043
Phone (208)334-4250
FAX # (208)334-4398

WILLIAM W. DEAL
Director

EFT Enrollment Form – *Please print or type.*

*Please retain a copy of this form for your records. Return the completed form to the Idaho Department of Insurance.
Attn: Kathy Miller – Premium Tax Section*

NEW ENROLLMENT ☐

OR

MODIFY ORIGINAL ENROLLMENT ☐

EFT Tax Payment Type: Department of Insurance

(Tax Type 07170)

Indicate which method you will use in sending your payment.

Automated Clearing House (ACH) Credit ☐

Wire Transfer ☐

Federal Tax ID No. (9): _____

Company Name (25): _____

Contact (25): _____

Address (25): _____

City (15): _____ State (2): ____

Zip: _____ - _____ Telephone: (____) _____ - _____

Date: ____ - ____ - _____